2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# P05000141399

Entity Name: WHOLESALE OFFICE FURNITURE, INC.

Current Principal Place of Business:

5203 S. LOIS AVE.
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

5203 S. LOIS AVE.
TAMPA, FL 33611

New Mailing Address:

FEI Number: 55-0908103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTIAN, WILLIAM W
1949 60TH STREET NORTH
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHRISTIAN, KAREN
Address: 1949 60TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: V ( ) Delete
Name: TEETS, MICHAEL A
Address: 1713 ATHENS COURT
City-St-Zip: LAKELAND, FL 33803

Title: T ( ) Delete
Name: CHRISTIAN, WILLIAM W
Address: 1949 60TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: S ( ) Delete
Name: TEETS, NANCY A
Address: 405 WEST POINSETTIA STREET
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM W. CHRISTIAN T 07/05/2006

Electronic Signature of Signing Officer or Director Date